



**EMMA HARPER TURNER FUND
ALUMNA GRANT APPLICATION**

One sponsor should complete this application form and request that the potential recipient complete the enclosed Confidential Financial Information form. If the alumna is unable, due to disability, a family member, close friend, sponsor, guardian or conservator may assist in its completion.

Date: _____

Name (first, maiden, last): _____ Phone: _____

Address: _____ Email: _____

Date of Birth: _____ Chapter and year of Initiation: _____

Marital Status: Single ___ Married ___ Divorced ___ Widowed (give date) _____

Number of Children: _____ Ages: _____ Number living at home _____

Alumna's need: One-year monthly grant _____ Emergency one-time grant _____

Pi Beta Phi Sponsors:

1. Name (first, maiden, last): _____

Address: _____

Phone: _____ Chapter & Year
of Initiation: _____

2. Name (first, maiden, last): _____

Address: _____

Phone: _____ Chapter & Year
of Initiation: _____

3. Name (first, maiden, last): _____

Address: _____

Phone: _____ Chapter & Year
of Initiation: _____

Please return the completed application along with letters attesting in full detail to the need to:

Mari Lou Psihogios Diamond
EHTFundChair@pibetaphi.org
17821 Marylcreek Dr
Lake Oswego, OR 97034-4019

FOR COMMITTEE USE ONLY:

Grant Number _____ Amount: _____

APPROVED:

Chairman: _____ Committee Member: _____

Committee Member: _____ Foundation Trustee: _____



**EMMA HARPER TURNER FUND
CONFIDENTIAL FINANCIAL INFORMATION FOR ALUMNAE**

Both pages of this form should be completed by the potential recipient and returned to:

Mari Lou Psihogios Diamond
EHTFundChair@pibetaphi.org
17821 Marylcreek Dr
Lake Oswego, OR 97034-4019

If the potential recipient is unable, due to disability, a family member, close friend, sponsor,
guardian or conservator may assist in its completion and mailing.

Date: _____

Name (first, maiden, last): _____

Monthly Income

Wages.....	\$	_____
Social Security	\$	_____
Retirement/pension	\$	_____
IRA (average monthly withdrawals).....	\$	_____
Investments.....	\$	_____
Insurance	\$	_____
Alimony and/or child support.....	\$	_____
Unemployment compensation.....	\$	_____
Rental Property	\$	_____
Food stamps	\$	_____
Assistance from relatives/children.....	\$	_____
Public assistance	\$	_____
Other (describe)	\$	_____
Total	\$	_____

Monthly Expenses

Rent/Mortgage	\$	_____
Food.....	\$	_____
Utilities (electricity, gas, water).....	\$	_____
Telephone	\$	_____
Insurance	\$	_____
Medical (not covered by insurance)	\$	_____
Automobile	\$	_____
Credit card payments	\$	_____
Other (describe)	\$	_____
Total	\$	_____

Large Outstanding Bills/Loans (include student loans, credit cards, home loans, etc.):

Lending Institution	Remaining Balance	Payments Terms
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Other Financial Information:

Statement explaining reason this grant would be of help (Use additional sheet as needed):

Do you expect normal living expenses can be met in the future? If so, when:

The above is as accurate as possible a statement of my financial liabilities and situation.

Signature: _____ Social Security Number: _____

Other (if alumna is unable to complete form):
